

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO 479)

SERIAL NO.  
10205482  
APPLICANT

FILING DATE

9-11-13 10205482 CLAIMS

	AS FILED		AFTER IN AMENDMENT		AFTER IN AMENDMENT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7	1					
8		1		1		
9		1		1		
10	1					
11		0				
12		1		1		
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15	1					
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22	1					
23		1		1		
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45		1		1		
46		1		1		
47		1		1		
48		1		1		
49		1		1		
50		1		1		
TOTAL NO.	48		48			
TOTAL OFF.	48		48			
TOTAL	48		48			

	NO.	OFF.	NO.	OFF.	NO.	OFF.
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TOTAL NO.						
TOTAL OFF.						
TOTAL						